

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH  
Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

September 16, 2019

The Honorable Martin Looney  
Senate President Pro Tempore

The Honorable Bob Duff  
Senate Majority Leader

The Honorable Joseph Aresimowicz  
Speaker of the House

The Honorable Matthew Ritter  
House Majority Leader

Dear Leaders;

Please accept this correspondence as my formal response to your correspondence to me, dated June 20, 2019, regarding Connecticut's school children and vaccination requirements. I want you to know that I take my role and responsibility to advise, educate and inform you and the people of Connecticut on public health matters very seriously. In taking the time to thoroughly research the answers to the critical questions you pose facing our state, it was important for me get this right and give you the very best information. I appreciate your patience and cooperation working with me as your new Commissioner of Public Health.

High vaccination rates protect not only vaccinated children but also those who cannot be or have not been vaccinated. This is called herd immunity. Schools that achieve herd immunity reduce the risk of outbreaks. High vaccination rates at schools are especially important for medically fragile children. Some children have conditions that affect their immunity, such as illnesses that require chemotherapy. These children cannot be safely vaccinated, and, at the same time, they are less able to fight off illness when they are infected. They depend on herd immunity for their health and their lives.

In the decade before 1963 when the measles vaccine first became available, nearly all children got measles by the time they were 15 years of age. It is estimated 3 to 4 million people in the United States were infected each year. Also each year, among reported cases, an estimated 400 to 500 people died, 48,000 were hospitalized, and 1,000 suffered encephalitis (swelling of the brain) from measles.



Phone: (860) 509-7101 • Fax: (860) 509-7111  
Telecommunications Relay Service 7-1-1  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)  
*Affirmative Action/Equal Opportunity Employer*



In 2019, the United States has seen the largest increase in the number of measles cases in the last 25 years. According to the Centers for Disease Control and Prevention (CDC), more than 1,241 people in 31 states contracted measles between January 1 and September 5, 2019, including three cases in Connecticut and more than 1,000 cases in Brooklyn and Rockland County, NY. The majority of cases are among people who were not vaccinated against measles. As of September 5, 2019, 130 of the people who got measles this year were hospitalized, and 65 reported having complications, including pneumonia and encephalitis.

This past May, in response to the measles outbreaks in New York and other states and at my request, the Department of Public Health (DPH) released school-level immunization rates to (1) provide parents and guardians of immuno-compromised children with vital information and (2) encourage communities to reduce the risk of vaccine-preventable diseases overall and in schools where the immunization rates are less than optimal for community/herd immunity. The school immunization survey data showed that during the 2017-2018 school year, 102 schools in Connecticut had kindergarten immunization rates for the measles, mumps and rubella (MMR) vaccine below the federal guideline of 95%.

In August, the DPH further reported that the MMR immunization rate for Connecticut's kindergarten students declined from 96.5% for the 2017-2018 school year to 95.9% for the 2018-2019 school year, a decrease of 0.6%. In addition, the overall number of religious exemptions to vaccination increased by 25% between the two school years (from 2.0% to 2.5%). This change represents the largest single year increase in religious exemptions for vaccination since the DPH started tracking the statewide data a decade ago and continues a trend of steadily declining MMR immunization rates among Connecticut kindergarteners since the 2015-2016 school year.

Under Connecticut law, the Department may release immunization rates by school; pursuant to § 19a-25-3(a)(2) of the Regulations of Connecticut State Agencies, "in its sole discretion for disease prevention and control pursuant to section 19a-215 of the Connecticut General Statutes or for the purpose of reducing morbidity and mortality from any cause or condition, except that every effort shall be made to limit the disclosure of identifiable health data to the minimal amount necessary to accomplish the public health purpose." Statutorily mandating the annual publication of such information would set clear standards for its release and provide members of the public with information that is important to protecting themselves and their families. This is what is done in our neighboring states. In addition, the same reporting requirements could be extended to include all post-secondary, pre-school, and daycare facilities.

On October 21, 2019, the Department will release immunization rates by school for the 2018-2019 school year.

I would like to now address the three specific questions in your correspondence. These questions can serve as a framework for future discussions, as we work through these complex public policy issues together.

**Question 1: What additional authority, if any, does the Department of Public Health need to (i) increase immunization rates in certain schools and (ii) to close schools in case of an outbreak of certain diseases?**

To answer this question, I will need to briefly describe some of our public health laws.

The Department and directors of municipal and local health departments ("local health") share responsibility for the investigation and control of reportable diseases. See Conn. Gen. Stat. § 19a-215. Current law provides local health directors with some tools to deal with a communicable disease outbreak. A local health director can, under appropriate circumstances, order the quarantine or isolation of someone. See Conn. Gen. Stat. § 19a-221. In addition, a local health director can require students who are exposed to a disease and who have vaccination

exemptions to be excluded from school during an outbreak. See Conn. Agencies Regs. § 19a-36-A8. Neither the Department nor a local health director has explicit regulatory authority to close a school under Conn. Agencies Regs. § 19a-36-A8.

Although the Department has no independent statutory authority to order vaccinations at certain schools or to close schools during an outbreak, under a Governor-declared public health emergency, the Governor may authorize the DPH Commissioner to issue an order for vaccination of people within a certain geographic area or statewide as the Commissioner deems reasonable and necessary to prevent the introduction or arrest the progress of a communicable disease that caused the emergency. No one may be vaccinated without his or her written consent (or, in the case of a minor, the legal guardian's written consent); and persons may refuse to consent to a vaccination for any reason, including health, religious or conscientious objections. Conn. Gen. Stat. § 19a-131e(a). If someone refuses to be vaccinated for any reason, and the vaccination was ordered by the Commissioner, the Commissioner may order the quarantine or isolation of such person if there is a reasonable belief that the person is infected or has been exposed to a communicable disease or contamination, and poses a threat to the public health. Conn. Gen. Stat. § 19a-131e(b).

The Department has no independent statutory authority to close a school during an outbreak, even under a statewide or regional Governor-declared public health emergency. However, pursuant to Section 28-9 of the General Statutes, the Governor has broad power during a declared public health emergency to take action necessary for “protecting the health and safety of . . . children in schools,” Conn. Gen. Stat. § 28-9(b)(5) and “may take such other steps as are reasonably necessary in the light of the emergency to protect the health, safety and welfare of the people of the state . . .” Conn. Gen. Stat. § 28-9 (b)(7).

**Question 2: What approach should the state take to protect children who are currently enrolled or will enroll in schools who cannot be vaccinated due to medical conditions such as immune system disorders and/or risk of allergic reactions?**

In the event of an outbreak of a vaccine-preventable disease such as measles, the Department follows the CDC recommendations that all susceptible children be excluded from childcare or school settings based on public health officials' determination that the facility is a significant site for disease exposure, transmission and spread into the community. Children without proof of immunity, including children with religious and medical exemptions are to be excluded from these settings and are not able to return until (1) the danger of the outbreak has passed, as determined by public health officials, (2) the child becomes ill with the disease and completely recovers, or (3) the child is vaccinated according to public health protocol.

Based on the experience in other states, limiting exemptions to vaccination is likely to result in higher immunization rates in a school setting. An unintended consequence experienced in states that have repealed or limited religious, philosophical or personal exemptions to vaccination has been a rise in the level of medical exemptions. In California, for example, many of the medical exemptions sought following the repeal of personal belief exemptions in 2015 were highly suspect, with very little ability to call those newer medical exemptions into question or hold physicians agreeing to them accountable.

Consequently, a corresponding tightening of existing medical exemption statutes and requirements may be required to ensure a higher student-level immunization rate. For example, this could be done by: (1) requiring that a specific form developed by the Department of Public Health be completed, notarized and submitted every year for any student filing for a medical exemption, including whether or not the medical exemption is

report immunization doses administered to the Department's immunization information system ("IIS") (CT WiZ) through age 18 years. Current state statute requires reporting by healthcare providers for vaccination doses administered up to age 6. A system that includes all childhood immunizations will help healthcare providers, including school nurses, improve immunization rates.

**Question 3: Should Connecticut remove religious exemption from state law like Maine (and New York) and other states recently have done, or is there another alternative that will similarly increase vaccination rates in under-vaccinated schools and protect children who cannot be vaccinated?**

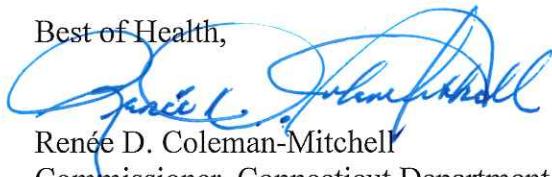
In 1959, the Connecticut General Assembly included the religious exemption in Public Act No. 588 "An Act Requiring Poliomyelitis Vaccinations for Each Public School Child," even though Connecticut and many other states were in the middle of a polio epidemic. All that was required was "a statement from the parents or guardian of such child that such vaccination would be contrary to the religious beliefs of such child." The religious exemption for vaccinations has remained part of Connecticut law for sixty (60) years. The legislators in 1959 did not foresee the rise in vaccine hesitancy that began in the late 1990s and continues to this day.

Good public health policy dictates that we should not wait for a serious outbreak of a highly contagious and dangerous disease, such as measles, before taking such a step like New York did this year. Connecticut has many under-immunized schools and the risk of a measles outbreak is real and increasing. Controlling a measles outbreak is difficult and quick success is not assured. As Commissioner for the Connecticut Department of Public Health, I recommend that the Connecticut General Assembly eliminate the religious exemption for vaccination for school attendance beginning with the 2021-2022 school year. This delay in implementation – as has been done in other states – will give school districts and parents time to prepare for the new reality in our state, making whatever arrangements necessary if they choose not to vaccinate their children for non-medical reasons.

By taking this step, Connecticut will be better prepared to prevent outbreaks of measles and other vaccine-preventable diseases in the future.

Thank you again for reaching out to our Department. We are proud to work with you as governing partners for the Public Health of Connecticut. I look forward to speaking to each one of you on this important issue in the near future.

Best of Health,



Renée D. Coleman-Mitchell

Commissioner, Connecticut Department of Public Health

Cc: Ned Lamont, Governor, State of Connecticut  
Miguel Cardona, Commissioner, State Department of Education  
Sen. Len Fasano, Senate Minority Leader  
Rep. Themis Klarides, House Minority Leader  
Rep. Jonathan Steinberg, Chair, Public Health Committee  
Sen. Mary Abrams, Chair, Public Health Committee  
Rep. William Petit, Ranking Member, Public Health Committee  
Sen. Heather Somers, Ranking Member, Public Health Committee